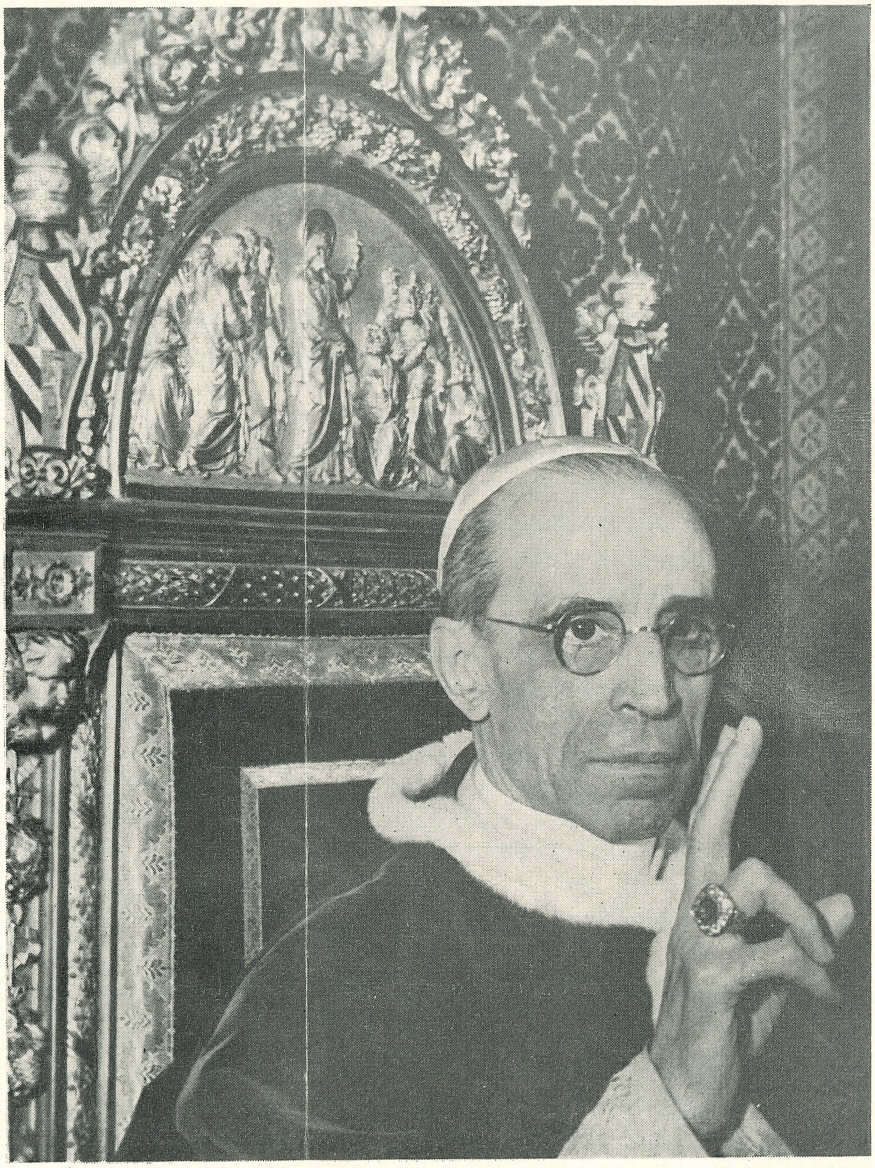
THE MEDICAL MISSIONARY



March - April 1949

VOL. XXIII NO. 2

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Your Will:

can help the Medical Mission Sisters bring health and healing to the sick in mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries Inc. (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland and its successors forever the sum of $..... for its general purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above form.

Our Cover This Month:

The Medical Mission Sisters join the faithful of the world in congratulating Our Holy Father, Pope Pius XII on the Golden Anniversary of His Holiness' ordination to the priesthood, which will be observed on April 2. "The Lord preserve him, and give him life, and make him blessed upon the earth, and deliver him not up to the will of his enemies."

THE MEDICAL MISSIONARY

8400 Pine Road

Sister M. Christine, S.C.M.M., Editor

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THE MEDICAL MISSION SISTERS

Who they are:

The Medical Mission Sisters are a religious community devoted to the care of the sick in the missions. Some of the Sisters are doctors, nurses or pharmacists; others are engaged in secretarial, household and similar duties necessary for medical mission work.

Main Activities

Hospitals, dispensaries, home visiting, leprosaria, training native nurses, training native compounders, maternity and child welfare clinics, establishing native Medical Mission Sisterhoods.

To cope with the numerous requests from mission bishops for medical mission centers, many vocations are needed.

Houses of the Society

Motherhouse and Novitiate— 8400 Pine Road, Fox Chase, Philadelphia 11, Pa.
House of Studies—6th & Buchanan Sts., Washington 17, D. C.
Postulate; Osterley, Middx. England
Heerlen, Holland

Missions

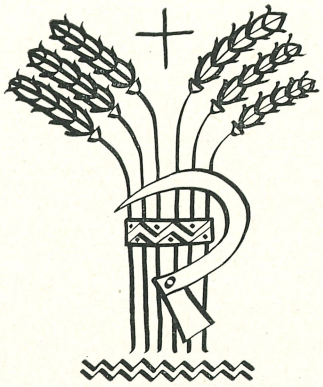
PAKISTAN
Holy Family Hospital—Rawalpindi
Holy Family Hospital—Karachi
St. Michael's Hospital—Mymensingh

INDIA
Holy Family Hospital—Patna
Holy Family Hospital—Mandar

INDONESIA
Maternity Clinic, Stella Maris Hospital, Makassar, Celebes

AFRICA
Holy Family Dispensary—Berekum, Gold Coast

UNITED STATES
Catholic Maternity Institute
Santa Fe, New Mexico
The Catholic Colored Clinic
Atlanta, Georgia



Pray ye . . .

This spring, like every spring, aspirations and hopes soar high in many generous young hearts. They see Christ as their ideal, and they want to follow Him. Like the young man in the Gospel, however, they have to pass the test, "Sell what thou hast and give to the poor;" that is, relinquish all worldly prospects and bestow your energy and talents on the needy of the world.

How many pass this test is a secret between them and God. Every failure is a disappointment to Christ's love and a tremendous loss to themselves and the Church.

That it is a disappointment to Christ's love we know from the story of the young man. The Gospel says that when he asked, "What is still wanting to me?" Jesus, looking on him, LOVED him. But at Christ's condition, his face fell and he went away sad.

The tremendous loss to the individual who forfeits the privilege of a vocation to a consecrated life can only be understood by those who have experienced the hundred-fold promised to those who have left everybody and everything for His sake. To compare it with worldly losses would be giving shadows for the substance.

The failure to accept the invitation to enlist in God's service is also a great loss to the Church. The Church, being the Mystical Body of Christ, must represent and continue every phase of Christ's life. Therefore for succeeding generations a long line of disciples must have been foreseen by the Providence of the Master. The immensity of the work to be done, the vastness of the harvest to be reaped were all present before Him. Laborers were needed. He would choose whom He would. Many He would draw persistently, others passingly; a few personally, the majority by proxy. Just as no two leaves on a tree are alike, so no two approaches to souls would be alike. He has a task for each—but alas, not all accept the offer—it is only an offer after all—but even one less leaves a gap in the ranks of the Church's laborers.

The harvest is ripe, but the laborers are few. Can one imagine that the shortage of laborers is due to a shortage of invitations to His service? That the contrary is true—yes, that Christ is eager for laborers, we know, because He said: "Pray ye the Lord of the harvest to send laborers into His harvest." God wants us to ask Him for His gifts. It is a grace and a privilege to be chosen to follow Christ and to labor in His vineyard, cultivating the spiritual and corporal works of mercy, and it is a blessing for the vineyard to get sufficient and good laborers, so that the harvest may be reaped to the full.

Young people—ask for the grace to be chosen.

Catholic people—pray fervently for laborers for your parishes, your schools, your hospitals, your charitable works and your mission fields.

The heavenly Father surely does not stint in engaging laborers, but He tells us to ask for them. Therefore, pray ye the Lord of the harvest to send laborers into His harvest—the whole world—especially where He is the least known and loved.

A. D.

APOSTLE OF ORGANIZED CHARITY

By Sister Marie Thérèse, S. C. M. M., M. S.

***"And He laid His hands upon each of them and cured them."* (Luke 4-41)**

Saint Vincent de Paul was one of the first to sound the keynote of organized charity. Yet, in his views, this organization was not in any way to devolve into an impersonal, mechanical means of dispensing relief. He told his followers that they must deal with the sick and poor, in the spirit in which they would desire to be treated if they were sick and poor, and in the spirit of faith, as they would treat Christ whom they really serve in the sick. Again and again, St. Vincent insists on this supernatural purpose — the glory of God, the sanctification and salvation of one's own soul and that of one's neighbor. It was this supernatural outlook that made his works of charity differ radically from the philanthropy dispensed by so many efficient, impersonal agencies today.

The saint said that he never tired of contemplating the prototype of the relief worker, Christ. He based his teachings on the Gospels, and looked upon the aggregate of his activities as the continuation of Our Savior's public ministry. He explained the Sermon on the Mount to his followers, and told them that it contained all the principles they must observe in the work of their own sanctification and the service of their neighbor.

PERSONAL SERVICE was the keynote in all his efforts in the field of charity. This personal service must be retained, for the influence of charity will be possible only when one is remodeled in a personal intimate way according to Christ. We know from the Gospels that Christ did not cure *en masse*—"And He laid His hands upon each of them and cured them." (Luke 4-41) Anyone who has ever had any dealings with the poor sick, for example, outpatients in a state hospital, can appreciate what it means to see them treated as "just another case." St. Vincent demanded personal contact with the poor, personal visits to their homes, preparing their food, serving the sick, in order that the relief workers might know by experience what it means to suffer. In this way, the work would not become a matter of business or routine, but remain a living, loving service to the suffering members of Christ.

The necessity for ORGANIZED CHARITY was brought home to St. Vincent early in his career when he made a plea for a needy family. When visiting this family later, he found that they had an abundance of everything. He remarked, "Behold the great charity . . . but it is not well regulated." He knew that the family would soon be forgotten and left in dire straits again. It was evident that the poor suffered much, rather from default of order in relieving them than for want of charitable persons. He was quite emphatic in his conviction that alms alone were not sufficient to alleviate the plight of the sick and needy. Alms were practically useless without system and order in distributing them. The purpose of St. Vincent's social activities was not to

raise the standard of living, but to relieve and prevent actual distress. He did not give alms indiscriminately, but rather aimed to help the poor help themselves. His entire career of charity manifested his conviction that nothing durable could be founded without rules and regulations.

From the very beginning, St. Vincent recognized the necessity of TRAINING. Untrained workers were unequal from the standpoint of character as well as efficiency to the demands made upon them. He found it necessary to train them to serve the sick; to prepare remedies, and still more, to train them in the exercise of prayer and the practices of the spiritual life. He advocated education, that the workers might be better fit to serve God and man.

The spirit of St. Vincent de Paul is best seen in the regulations he made for his "Daughters of Charity," the first of modern nursing communities. In his words, they were to have "as convent, only the home of the sick; as cell, a rented room; as chapel, the parish church; as cloister, the streets of the city or the halls of the hospital; as enclosure, obedience; as grating, the fear of God; and as veil, holy modesty." (Rég. com. ch. i, art. 2.) In his conferences to them, he stresses that they have been destined to serve Our Lord corporally and spiritually in the person of the sick and poor. The love of God should impel them to perform their works of charity faithfully regardless of the praise or blame of men, or natural disgust and repugnances. Personal sanctification is the first means of assuring success in relief work. St. Vincent says that nothing great can be expected from one who does not love prayer. A sister who is careless in her prayers will show it by her lack of cordiality and affability towards the sick. There is great emphasis on mutual charity and forbearance, on humility, patience and trust in God, obedience to the rules and detachment from earthly goods and honors. Nurses were instructed to be very attentive in caring for the sick and not to let the patients suffer in default of treatment either through forgetfulness, negligence or badly regulated spiritual exercises which they ought to postpone in favor of the necessary assistance to the sick.

St. Vincent did not allow the Daughters of Charity to nurse indiscriminately. He was of the opinion that "ill-regulated charity is not only displeasing to God, but also prejudicial to the souls of those who practice it thus." He did not permit the sisters to undertake to nurse any sick person against the will of those on whom they depended, or to nurse persons of prominence.

In his life and in his works, St. Vincent was the apostle of charity. To him, active charity was not something merely superficial or accidental in the practical life of a Christian, but an integral, organic part of Christian teaching and the necessary expression of a lively faith. "It is not sufficient to have charity in one's heart, and express it in words—it must pass into action and into actual and true expression; even to the giving of one's life if necessary, as our Lord gave His."

The Missionary Spirit

The missionary spirit is not a virtue of supererogation expected of the chosen few. This spirit and the Catholic spirit are one and the same thing . . . One is not genuinely interested in, and devoted to, the Church unless one is interested and devoted to its universality; that is, to its taking root and flourishing everywhere on the earth.

POPE PIUS XII

It looks like a lot of money, but it doesn't go far.

Let's Budget

By Sister Alma Julia, S. C. M. M., Ph. G.

Don't you love those articles in various magazines telling you how to make ends meet by planning your budget? I always read them. Now I would like to turn over a few facts to these people and have them plan the budget for an average working family in Rawalpindi, Pakistan.

The first step, of course, is to set down the figure of the income—and then start dividing: so much for food, so much for clothes, so much for rent, etc. down to the end where usually something is left for bridge or movies.

That first step automatically eliminates the thousands of beggars—the blind, the crippled, the lepers, and just *plain* beggars —who are roaming the streets of Rawalpindi this beautiful sunny morning. We will also omit the thousands, maybe tens of thousands of refugees who have been assigned shelter in the city, but as yet have no jobs, and therefore no income. The population of Rawalpindi at present is about 200,000, against 119,000 given in the census taken prior to the division of the country.

Let us budget the income of the employed, unskilled laborer, who is making 32 annas (about 64c) a day. The cutters of wood and the water carriers, the ditch diggers, and messengers working on the new hospital come into this class. When I first came to India (1938), coolies were making only 6 annas (12c) a day. Wages have increased immensely, but not as fast as the cost of living. Let us also consider the skilled workmen, such as bricklayers, carpenters, and clerks. We pay the highest wages—64 annas a day.

But on with the budget. First food. We will take a small family consisting of a man, his wife and two children. What do they eat? There is a saying here, "The rich man eats what he wants, the poor man eats what he can get." Here are today's prices: (1 anna = 2 c.)

Milk (skimmed, maybe watered, too)	1 quart	10 annas
Butter	1 pound	40 "
Bread	1 pound	8 "
Meat, cheap cuts	1 pound	6 "
Meat, better cuts	1 pound	12 "
Vegetables, in season (onions, cabbages, etc.)	1 pound	2 "
Oranges, bananas	each	2 "
Grapes	1 pound	12 "
Sugar	1 pound	4 "
Eggs	each	1½ "

Take the unskilled laborer. Milk? Maybe he will buy a couple of ounces to go with his tea. If he is fortunate enough to own a goat that can forage for herself, he need not buy milk. Butter? He skips that. For fats,

he buys mustard oil—a bland seed oil, maybe a little strong in smell, but very good. That's 18 annas a pound now. Fruit, and most of the time, meat, is omitted. Bread he doesn't buy. He gets the whole wheat, 3 annas a pound, and has it ground at the mill while he waits. The poorer wives grind their own in a sort of morter and pestle. Then the wife mixes the meal with water, and makes chappatis, an unleavened flat bread like pancakes. For more special occasions, a little milk or oil is mixed with the wheat. Chappatis with a few spiced vegetable is, perhaps, all the family can afford for their one or two meals a day. Let's see the experts work out a balanced diet with such a budget!

Next item is rent. When I read of the housing problem in America, I want to laugh. Here, if the family mentioned above has one room, 10 by 12 feet, with dirt or brick floor, they consider themselves well housed. Here, to say a person has acquired a "house" means simply one such room. Rent for this is four annas a day. The unskilled workman usually doesn't pay rent, but his employers provide him with "quarters." These "quarters" resemble a row of garages back home, only not so well built nor so well ventilated as American garages. Anyone who works on the new hospital expects quarters. If men come to dig a well, or to install sanitary fixtures, they expect you to put them up. People of the working class, if they don't get quarters, double up with friends or relatives, or pitch a tent, or just live in the open, and seek shelter in case of rain.

Next item, clothes. For almost two years now, no cloth could be obtained from the ration depots. Now some is coming in. The last I heard, each person could buy 2½ yards (the first time in two years!). Such rationed cloth is now between 10 and 20 annas a yard. The unrationed cloth is almost 32 annas a yard, up, the last time I inquired. Now, budget clothes for our workman. In hot weather, he wears practically nothing but a loin cloth, to save his clothes, and even loin cloths wear out. It is not unusual to see people, and not only the refugees, dressed in clothes made out of gunny sacks.

How about fuel? The poor around here cook with cow dung cakes (dried rounds of cow dung, mixed with a little straw). One such cake might, with care, cook one meal. If the family eats twice a day, with tea in the early morning, that makes three annas a day for fuel. Oh, the pity of using good manure for fuel! No wonder the land is worn out. The poorest do not buy cakes. They gather the dung in the streets, and make their own. Some of the better off workmen might buy 40 pounds of firewood for 24 annas. If it lasts six days, which is doubtful, since it is mostly soft wood, that would be 4 annas a day.

The coolies and water carriers working on the new hospital, are lucky. They get quarters free while here. They all get free firewood. We buy it by the carload, as a sort of insurance against their using the good lumber. We have arranged that all their food is sold to them at controlled rates, so they do not have to pay black market prices. I feed them quinine or paludrine steadily, so few lose time from malaria. As for recreation, apparently the greatest show on earth is the wonderful "pukka" hospital. These Americans! Running water! Bathrooms!

I have put pencil to paper several times, and I still can't figure out a workable budget for the average family of Rawalpindi, not to mention a balanced diet. What would you do?

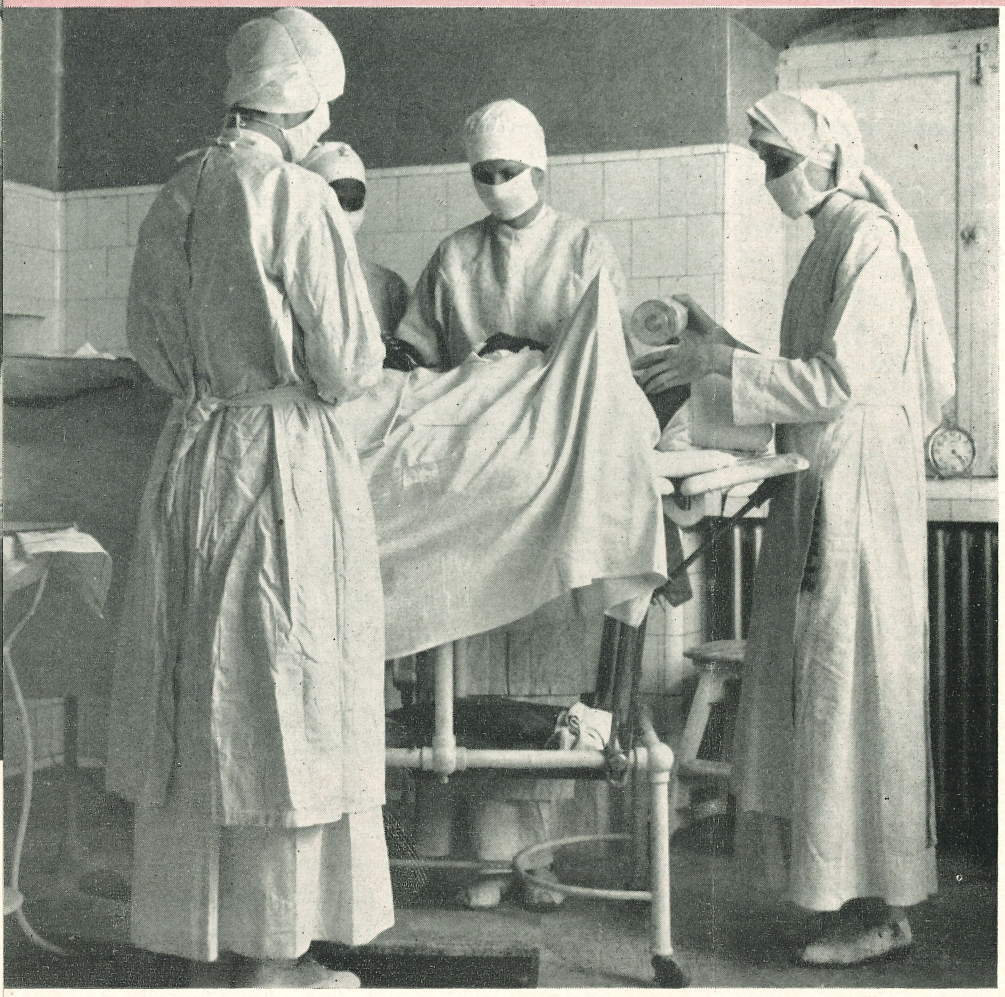
MISSION INTENTIONS

MARCH: "The Christians of Manchuria and Korea"

APRIL: "The mission in Burma and Ceylon"

Annual Report for 1948

India - Pakistan - Africa - U.S.A.

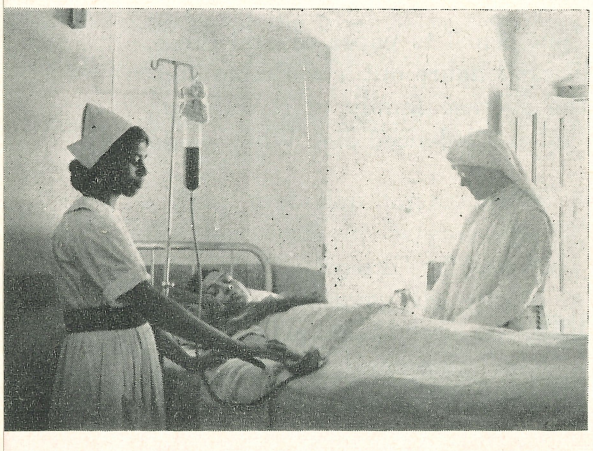


Operations

Holy Family Hospital Rawalpindi (Major 217)	...
Holy Family Hospital Patna (Major 246)	.....
Holy Family Hospital Mandar (Major 262)	.....
Holy Family Hospital Karachi (Major 49)	.....
Catholic Colored Clinic Atlanta, Ga. (Major 98)	...
Total	.....

Baptisms

2,381



In-patients

Holy Family Hospital Rawalpindi	2,864
Holy Family Hospital Patna	4,323
Holy Family Hospital Mandar	1,784
Holy Family Hospital Karachi	477
Catholic Colored Clinic Atlanta, Ga.	276
Total	9,724

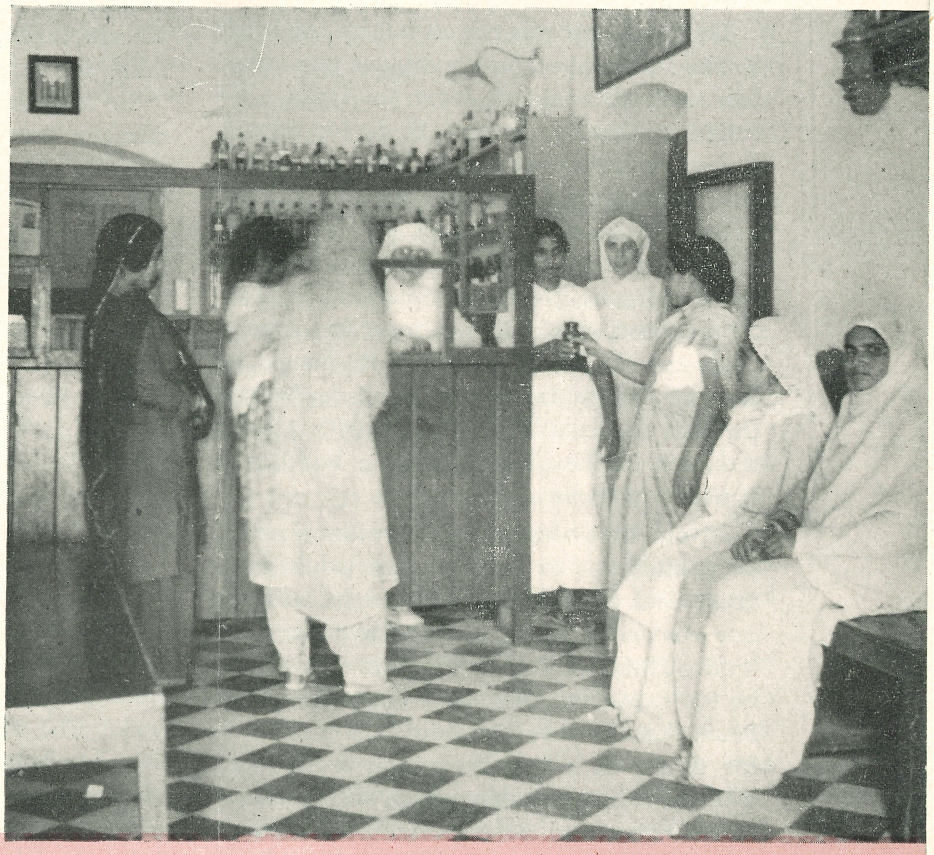
	1,799
	1,223
	839
	97
	252
	4,210

Dispensary Patients

oly Family Hospital Rawalpindi	67,100
oly Family Hospital Patna	28,000
oly Family Hospital Mandar	10,168
ly Family Dispensary Gold Coast	6,563
tholic Colored Clinic Atlanta, Ga.	7,441
tholic Maternity Inst. Santa Fe, N. M.	3,511
Total	122,783

Babies

Holy Family Hospital Rawalpindi	451
Holy Family Hospital Patna	506
Holy Family Dispensary Gold Coast	53
Holy Family Hospital Mandar	39
Catholic Maternity Inst. Santa Fe, N. M.	304
Total	1,353



The Charity of Christ Urges Us

THE HOUSE THAT JOSEPH BUILT

By Sister Ignatius Marie, S. C. M. M.

The story of the "House that Jack Built" is an oft told tale, so for the sake of variety and veracity, this is the story of the house that Brother Joseph, S. J. built.

When we came to Mandar, we found some hospital buildings, but no convent for the Sisters. We put up in various ways, unusual ways to put it mildly, but at last the day dawned when we were forced to admit that there was nothing left for us to do but build ourselves a proper convent.

We, being simple folk, not versed in architecture or structural engineering, sat down one evening and drew a picture, saying, "This will be our chapel, with two rooms for the infirmary opening off of the chapel." It isn't that we think that Mandar Holy Family Hospital is super de luxe, but because Mandar's climate is so good that we planned that infirmary for our Sisters located in places with less favored climates.

The next step was not to call up the brick works and lumber yard and place our order. Life isn't that simple, even in India. We called in Brother Joseph, S. J., for advice, and if it hadn't been for him, we would still be living in a go-down (sort of a shack).

Brother Joseph, the best builder in the mission, is a native of Chota Nagpur and a more energetic, jovial, good-natured six foot of manhood, you will not meet in many a day's travel. The Belgian Jesuits loaned us Brother Joseph and it is he who is leading us through the brambles and pitfalls that beset the path of those who insist on building a house 17 miles beyond nowhere.

At our first session with Brother Joseph, he pointed out to us that there would be a great deal of trucking involved in building our convent and we had to have our own truck. Hiring trucks to haul for us would be too expensive. We had a beautiful ambulance that Brother Dahmen, S. J. had built for us out of a former weapon carrier and a truck. It has a Dodge chassis with a Chevrolet engine and a body was built so that we could use it as a travelling dispensary. It had an operating table and lights, and it was the apple of our eyes.

But Brother Joseph suggested that we remove the ambulance body and put a truck body on the chassis. So in due time the ambulance body was tucked away carefully in a corner of the garage, until some day when our ship comes in bringing a new chassis for it. Our hyphenated Chevro-Dodge took on new and more arduous labors and is doing a fine job.

Bricks were the next subject discussed. "Two lakhs of bricks we must make," announced Brother. We just gasped; two hundred thousand bricks seemed enough to build the Empire State Building. We hastened to assure Brother that we wanted a plain convent, not a copy of the Waldorf Astoria.

"Tut, tut," said Brother, "two lakhs won't be enough, we will be buying bricks before we are through. I really should make three lakhs for extra bricks are always handy."

So we quickly agreed to two lakhs, lest the number increase. The bricks were made right on the compound of the mission across the street. On a very barren looking field, there were some ten or twelve coolies and regia (women coolies) busily mixing mud and making not mud pies exactly, but pouring it into very exact molds.

The next problem was coal to bake the bricks. Brother Joseph is shrewd. Had he told us at the start that sixty tons of coal would be necessary to bake the bricks, I am sure we would have decided then and there to build a convent of mud and let the sun do the baking. As yet no one has had the audacity to put a price on solar heat.

Instead, Brother simply said, "Sister, we will have to get ten tons of coal. I think if you approach the Raj Manager, he will help you." The Raj Manager is an Englishman who has been very kind to us from the beginning here. So the next time he came, we asked him where we could get the best coal. When he heard it was for baking bricks, he

Brother Joseph, S. J., looks over the plans

said, "Oh, you do not need good coal for that, coal dust will do. How much do you need?"

"Ten ton," we innocently replied, totally unaware of the fact that we would go knocking at his door five times more to say, "please" and "Thank you" for coal dust to burn bricks. He was, and is, ever most generous to us.

During the weeks that the bricks were making and baking, the truck shuttled back and forth, busily bringing cut stone from a nearby quarry and endless loads of sand from the river.

In between times, it varied its route and went to the Pungia jungle to bring trees which the Raj Manager had arranged to have cut for us. One day the truck returned from the jungle empty. The munshi (boss) came to us with a very downcast face. "Sister," said he, "the jungle people refuse to let us take any more trees because they say we are disturbing the devils who live in the trees. They want us to offer sacrifices to propitiate the devils who live in the trees. Otherwise they say that the devils will be angry and make the jungle folk ill."

"You go straight back and tell those junglewallas that you are going to take out all the trees that the Raj Manager marked for us. We are not going to offer any sacrifice to any devils and if any jungle folk fall ill, let them come into the hospital. We will take care of them and the devils too."

That struck the coolies funny and they piled back into the truck and returned to the jungle. They brought the remaining trees without any further trouble, and we heard no more about disturbed devils nor did we have any influx of patients from the Pungia jungle.

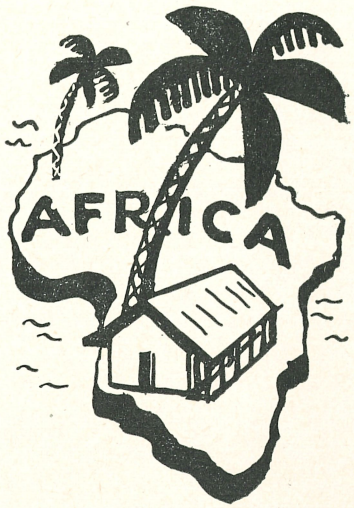
In the meantime, the sawyers had been busy from five in the morning until seven at night, cutting the huge trees into beams and boards. Needless to say, they were on piece work; nothing else would have made them so industrious. The carpenters were equally busy fashioning door and window frames, doors and windows, shelves and cupboards. Both the sawyers and the carpenters plied their trades in a temporary shelter. The roof of this was the corrugated iron sheets that are to roof our new convent. At least with a roof over their heads, even though it was only held on by a few crooked logs laid here and there, they worked on paying no attention to the heavy monsoon showers. The same could not be said of the coolies, who sought shelter every time there was a little sprinkle.

Red tape is the most maddening feature of our house building. Last March we put in our first application for cement, and by September 15, we had not yet received any cement. On August 16 a personal appeal to the highest cement control officer in the Province netted us a permit for 200 bags. Having the permit and having the cement are two different matters. The situation in regard to steel is equally impossible. A trip to the famous Tatanagar Mills proved futile, for all steel is controlled. Tata has none at its disposal. As for gasoline, the less said about it, the better.

In fact, although we have had our share of fun out of the building which is still incompleted, we are tempted to think that the only sane thing to do is build with mud and totally ignore steel beams and trusses and rods and cement.

But we only toy with the thought, we do not express it. Our friends have been too kind and generous, and Brother Joseph has worked too hard to be let down in that fashion. Nevertheless, if the office babus (clerks) drown in their own red tape, it will be their just fate.

Gold Coast News



The first day of the month started out like any other dispensary day, with the usual number of patients, until the afternoon. Then the patients began to arrive. The first was an accident case from a village some 25 miles distant, Kwesi Buokrom. The man had been pinned beneath bags of cocoa when the lorry he was riding turned over into a creek. We gave him first-aid. Next, a Wampamu woman was brought in. As she needed surgery, and the lorry accident case had possible internal injuries, both were sent on to the government hospital at Sunyani.

They were barely on their way, before another accident case was brought in, unconscious. A young man had fallen from a bicycle. The yard and veranda were filled with relatives, friends and curious villagers; lorries and taxies were coming and going, taking some groups away, discharging relatives who had gone home for mats and blankets in order to stay the night.

We just finished supper when a small lorry discharged our night case, a mother, very sick, badly shocked. As is often the case, the woman had been lying on the floor boards of the lorry, coming from a remote village by a bumpy road. All three of us worked with her until midnight; she was warmed up, and given blood plasma, and lots of prayers. Just when the patient was at her lowest, the lorry driver insisted she should go back to her village. He was hungry and tired and wanted to go home; if the family did not return with him, he would lose that much fare. The family did not understand any English, but we got them to understand, that as much as we sympathized with the lorry driver the patient absolutely could not be moved. They stayed, he went.

The next morning Amma was better, and after further treatment, it was decided that she should go home. Of the several women who were with her, her mother-in-law, a dear old granny, had stayed with her constantly. She was jubilant at the news.

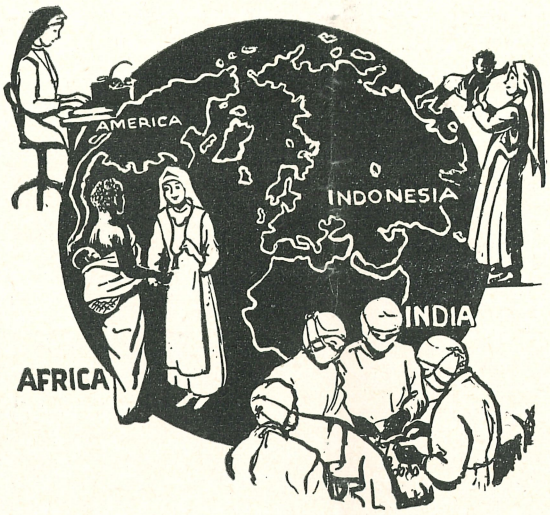
Before leaving, the Granny began negotiations with Sister Margaret Mary. Would Sister pull a loose tooth for her? How much would she charge? Granny did not have much because she was a widow and too old to work on the farm, so a tooth extraction might be too much of a luxury. We agreed for a cigarette tin of peanuts. Sister sat her down on a stool, her back against the wall, and promptly pulled the tooth. Granny was amazed at how quickly it was done; she hardly felt it at all. Would Sister pull another one in the rear? Sister would. Granny was delighted.

We were returning from early morning Mass at the Mission on a feast day. Kwabena, our little cook boy was ahead of us on the road, hurrying to prepare breakfast. We passed a group of women carrying head loads of fruit and vegetables for the market. For weeks we had been having bananas, fried, stewed, baked, and then for a change, raw. This was the first of the fresh fruits. We all spied a beautiful papaya on top of a basket, the first of the season.

Kwabena began negotiations. He turned the fruit over, appraisingly, and as we passed, we nodded approval. Suddenly he shook his head decisively. The fruit was put back with a thump of finality; the deal was off. We had visions of umpteen meals of bananas. We asked, Why no papaya? Too expensive, replied Kwabena. At the market, they are only a penny apiece. She was asking twopence. We told him that just this once we would splurge two pence for a papaya.

Sisters Margaret Mary, Raphael, and Paula

AT HOME AND ABROAD



Philadelphia

The Reception and Profession Ceremony was held February 11. The Rt. Rev. Msgr. Thomas F. McNally presided, assisted by the Rev. Charles J. Mahoney, C.S.C., chaplain of the Motherhouse. The Rev. Theophane Murphy, S. A., who conducted the eight day retreat preceding the ceremony, preached the sermon.

Present in the sanctuary were: Rev. Henry T. McFall; Rev. William Dougherty, C. PP. S., brother of Sister M. William; Rev. Declan Carroll, uncle of Sister M. Declan; Rev. Luke Zeigler, O. F. M. Conv.; Rev. Michael E. Mihok, cousin of Sister M. Juliana; Rev. John J. O'Brien; and Rev. E. J. Farren, S. J.

Sister M. Felicia, Sister M. Juliana, and Sister M. James made their final vows at the ceremony. Sister M. Stephen, stationed at Holy Family Hospital, Patna, also made her final vows. Sister M. Boniface renewed her vows at the Motherhouse; Sr. M. Adelaide in Patna and Sister M. John in Pindi.

The following novices made their first profession of vows:

Sister M. Sarah (Jean Lorenz) of Dubuque, Io.

Sister M. William (Elizabeth Dougherty) Blue Island, Ill.

Sister M. Kathleen (Catherine Fitzgerald) Jersey City, N. J.

Sister M. Maureen (Jane Coyle) Atlantic City, N. J.

Sister M. Joachim (Eleanor M. Harker) Belleville, N. J.

Sister M. George (Mary Johnson) Minneapolis, Minn.

Sister M. Thaddeus (Lucille Fricker) Tucson, Ariz. and

Sister M. Aquinas (Mary Hamilton) New York, N. Y.

The following postulants received the habit of the Medical Mission Sisters:

Miss Margaret O'Connor, Providence, R. I., Sister M. Kevin

Miss Celestina T. DiGiorgio, Philadelphia, Sister M. Celeste

Miss Elizabeth Ruttle, Covington, Ky., Sister M. Declan

Miss Winifred Patton, Tarrytown, N. Y., Sister M. Patricia

Miss Lucia M. Pallito, Atlantic City, N. J., Sister M. Cosmas

Miss Therese F. Hinnegan, Philadelphia, Sister M. Teresita

Miss Mary I. Harmon, Catonsville, Md., Sister M. Leonard

Miss Constance Zimmerman, Fort Loramic, O., Sister M. Matthias

Miss Margaret M. McKenna, West Englewood, N. J., Sister M. Lawrence and

Miss Fernande Pelletier, Fort Kent, Me., Sister M. Fernanda.

Departures

Departures followed close onto February 11. Sister M. William left on February 15 for Catholic Maternity Institute, Santa Fe, after renewing her vows at Benediction.

Sister M. William is the daughter of Mr. and Mrs. Edward P. Dougherty, Blue Island, Ill. She is a graduate of St. Francis Hospital School of Nursing, Peoria, Ill. Before entering the Society in 1946, she was an U. S. Army nurse for two years.

The Departure Ceremony was held on February 24 for Sister M. Camillus, who has been assigned to Holy Family Dispensary, Berekum, Gold Coast. Rev. Charles J. Mahoney, C.S.C., presided, and Rev. Edward J. Farren, S.J., Associate Editor of "Maryland Jesuit" gave the address. Sister M. Camillus sailed on February 27 aboard the "Queen Mary" for England. From there, she will proceed to Africa.

TO AFRICA

SISTER M. CAMILLUS,
assigned to Holy Family Dispensary, Berekum

Sister M. Camillus is the daughter of Mr. and Mrs. John Healy, Newton, Iowa. She received her R. N. from Mercy Hospital, Des Moines, and did public health nursing before entering the Medical Mission Sisters in 1944. For the past two years she has been at Catholic Maternity Institute, Santa Fe, N. M.

Rawalpindi Holy Family Hospital
Rawalpindi, Pakistan

This is to let you know how the pipe situation stands. The Pakistan Government has released all the pipes we need for the hot and cold water system for the whole hospital. We need miles of it. The roof is finished and rain water pipes are in place, so the hospital is water tight except for the window and door openings. All we need now is the money to pay for the pipes, and to go ahead with the other necessities.

The Bishop is out here almost every day, and takes everyone out to see the place. One afternoon, the parishioners (about 100) came with the priests to visit the new hospital. It turned out to be quite a party. They arrived in the school buses, cars, jeeps, motorcycles, and brought along the telegraph band. We furnished tea and cookies. After tea, one of the priests made a speech and presented a lovely check (Rs. 1000, about $330) from a collection.

The city has finally started making the road in front of the hospital. I had been after them about it for over two years. Now it is started. The view from the hospital is magnificent. It is so peaceful and restful. It is hard to realize that a year ago, that spot was in the midst of riots. Sister Alma Julia

Patna Holy Family Hospital
Patna, India

Soon after my arrival at Holy Family Hospital, Patna, I learned that the making of a nurse in India takes place, like the building of the Tower of Babel, amidst a confusion of tongues. About two-thirds of the nurses speak English, and understand it—more or less. The other third lean towards the less side. But ask them what is their native tongue—Tamil, Garo, Ouria Malayalam, Nepalese, anything but Hindi. Then there are the little Santali girls who help with the housework. They speak no English, and have only a smattering of Hindi. The Trappists have nothing on us when it comes to sign language. Our durzi (tailor) and a few Mohammedan patients speak Urdu. There might be a few refugees from the north, chattering in Punjabi. Still no Hindi, the reputed language of this country.

There is a sort of in-between Esperanto—Hindustani. When one knows two or three Hindi words, and two or more Urdu words for one English word—that is Hindustani. Oh, Webster would choke on a definition like that. He puts it this way: "Hindustani is Hindi mixed with Arabic and Persian (from which Urdu is derived) and is the common medium between Mohammedans and Hindus, and between Europeans and the natives, because it is written in Roman script."

Since the Hindi vocabulary is limited to the needs of the people, it is not rare to hear a good English word in an otherwise Hindi sentence. This occurs principally in connection with hospital equipment and scientific terms, which did not exist when the language was being formulated.

During vacation, at the Jesuit Language School in Darjeeling I got practice in twisting my tongue around Hindustani. Father Vincent Gallagher, S. J. used all his ingenuity in making the classes interesting, and in making us talk. The Sisters of Charity of Nazareth, Ky., were also there. It was hard work, but fun.

Language is quite a problem here in India at present. Hitherto English was a common medium, although only understood by a small percentage, but now there is a strong movement towards adopting a n a t i o n a l language. But the question is, which of the 200 dialects to choose? And after one is chosen, how to introduce it into all schools and villages? On January 9, the Central Advisory Board of Education at Allahabad passed a resolution that the medium of instruction in the Junior Basic (1-5 grades) schools was to be the mother tongue of the students. It is hoped that within five years, it will be possible to introduce the mother tongue into all schools, including Universities.

All this babel leads to endless problems. Take the Nurses' Examining Board. The testing of the student nurses is done in English and Hindi, orally and written. The written Hindi examination may be taken either in Hindi or Roman script. A great difficulty is to find a person qualified in the field of nursing who can make up and correct an examination in all these forms, and who also has the time to do it.

But the language problem is not without its amusing side. Sometimes we find choice items in the day reports. For instance, once we read, "Ram Deo No. 3754 went home plastered." Now how in the world can you explain that having a plaster cast put on in the past is not expressed by "plastered"? We probably make just as ludicrous mistakes in our Hindi, but the nurses are too polite to mention it.

Sister M. Adelaide

R I P

Rev. Thomas J. Delihant, S. J.
Brooklyn, N. Y.

Mother M. Paula, O. S. U.
Wilmington, Del.

Sister M. Matilda, R.S.M.
Hartford, Conn.

Sister M. Alonzo, R.S.M.
Hartford, Conn.

Miss Emily Collins
Baltimore, Md.

FATHER JAMES CREANE, S.J.

On November 28, 1948, one of the great apostles of the Santal aborigines, Father James Creane, S. J., died at Gaya, the holy city of Buddhism, India. Already in 1926 he had laid the foundation stone for our work in Patna, though it was only in 1939 that we were able to keep our promise. Father Creane's death brought an end to 23 years of zealous mission work. He made himself "all things to all men" that he might lead them to Christ.

May he rest in peace.

ST. JOSEPH'S LIST

PINDI

Four walls and a roof do not make a hospital. Each room will require:

$15 for wiring and lighting fixtures
$35 for flooring
$5 for windows

AFRICA

A good pharmacy balance with cover is needed: $150

MANDAR

Hypodermic syringes: 11 dozen at .90 per syringe.

PATNA

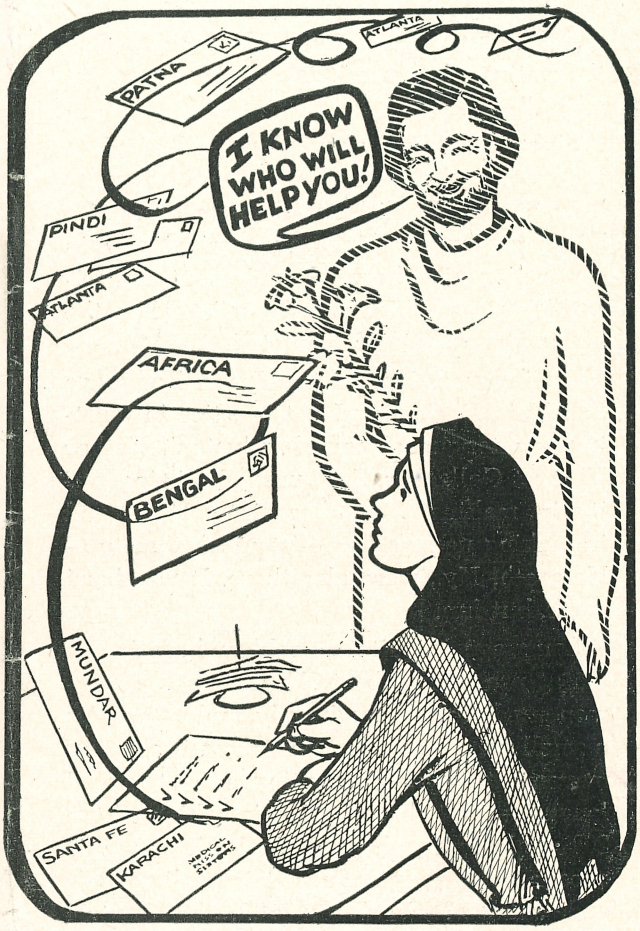
Bricks at one cent each — not more than a million

KARACHI

A phonograph player and records for the nurses — a second hand one would serve the purpose

BENGAL

Beds for the new hospital $25.00 each.



MOTHER ANNA DENGEL, M. D.

Medical Mission Sisters
8400 Pine Road
Fox Chase, Phila. 11, Pa.

Dear Mother Dengel:

Here is $..... for

( ) Pindi ( ) Africa ( ) Mandar
( ) Patna ( ) Karachi ( ) Bengal

Sincerely,

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